Addendum:
Effective February 9, 2007, 105 CMR 300.000: *REPORTABLE DISEASES, SURVEILLANCE, AND ISOLATION AND QUARANTINE REQUIREMENTS* were amended as follows (with major changes highlighted in blue):

300.020: Definitions

Laboratory Test Diagnostic of HIV Infection. A laboratory test approved for clinical use by the U.S. Food and Drug Administration that indicates the presence of antibody to HIV, HIV structural components, or HIV ribonucleic acid in blood and other body fluid.

[Deleted definition of Non-name Reporting System]

300.120: Confidentiality

(A) All personally identifying information, whether kept in electronic system or paper format, including but not limited to, reports of disease, records of interviews, written or electronic reports statements, notes, and memoranda, about any individual that is reported to or collected by the Department or local boards of health pursuant to 105 CMR 300.000 *et seq.*, shall be protected by persons with knowledge of this information. Except when necessary for the Commonwealth's disease investigation, control, treatment and prevention purposes, the Department and local boards of health shall not disclose any personally identifying information without the individual's written consent. Only those Department and local board of health employees who have a specific need to review personal data records for lawful purposes of the Department or local board of health shall be entitled access to such records. The Department and local boards of health shall ensure that all paper records and electronic data systems relating to information that is reported to or collected by the Department or local boards of health pursuant to 105 CMR 300.000 *et seq.*, are kept secure and, to the greatest extent practical, kept in controlled access areas.

(B) Notwithstanding 105 CMR 300.120 (A), the Department shall not disclose to the federal government, the Commonwealth or any of its political subdivisions or any agency, agent, or contractor of said Commonwealth or federal government, the identity of any individual with HIV or AIDS reported to the Department under 105 CMR 300.000.

300.180: Diseases Reportable Directly to the Department

(A) Reporting of Active or Suspect Active Tuberculosis Disease. Any health care provider, laboratory, board of health or administrator or a city, state or private institution or hospital who has knowledge of a case of confirmed tuberculosis or clinically suspected tuberculosis, as defined in 105 CMR 365.004, shall notify the Division of Tuberculosis Prevention and Control in the Department within 24 hours. This notice shall include at a minimum, the case name, date of birth, sex and address, and the name and telephone number of the person reporting the case. Upon receipt of such notice, the Division of Tuberculosis Prevention and Control shall notify the local board of health in the community where the case resides within 24 hours.

(B) Reporting of Latent Tuberculosis Infection (Positive Tuberculin Skin Test). Any health care provider, board of health or administrator of a city, state or private institution or hospital who has knowledge of a case of latent tuberculosis infection (LTBI), as diagnosed by a tuberculin skin test performed with purified protein derivative (PPD) antigen by the Mantoux method, or by any other diagnostic test approved for this purpose by the federal Food and Drug Administration, that result in a reaction that represents a positive test according to the most recently published guidelines of the U.S. Centers for Disease Control and Prevention, shall notify the Division of Tuberculosis Prevention and Control in the Department in a written or electronic format as designated by the Department, with information regarding the name and address of the individual, date of birth, gender, size of the positive skin test or alternative test result, treatment initiated and, as requested by the department, information about risk of exposure to tuberculosis.

(C) The diseases listed below shall be reported directly to the Department by physicians and other health care provider, laboratories and other officials designated by the Department, in a written or electronic format as designated by the Department. Each report shall include, at a minimum, the case name and address, date of birth, gender, and the name and telephone number of the person reporting the case and shall be submitted no more than 24 hours after diagnosis or identification.

Acquired immune deficiency syndrome (AIDS): AIDS as determined by a clinical or laboratory diagnosis of AIDS.
Chancroid
Chlamydial infection (genital)
Genital warts
Gonorrhea
Granuloma Inguinale
Herpes simplex infection, neonatal (onset 30 days after birth)
Human Immunodeficiency Virus (HIV): HIV infection as determined by a laboratory test diagnostic of HIV infection.
Lymphogranuloma Venereum
Ophthalmia neonatorum caused by any agent
Pelvic inflammatory disease of any etiology
Syphilis

Department specified evidence of a diagnosis of HIV infection or of AIDS shall be reported by laboratories in a manner separate from all other laboratory reports sent to the Department and shall be submitted directly to the HIV/AIDS Surveillance Program, as required by that program.